

References (s): K.S.A. 31-133, K.A.R. 22-18-2, 06-101/19.7.1.2, 06-IFC/405

FIRE FACT 084 - FIRE DRILLS

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The purpose of a fire drill is to practice the swift removal of all building occupants to a safe area of refuge.

BEFORE THE DRILL

- 1. Remember that all exits are to be unlocked and unobstructed.
- 2. Designate specific staff members to be responsible for the planning and scheduling of fire drills.
- 3. Designate a safe area at least 50 feet from the building. This area should be safe from dangers of fire, fire department operations, and public vehicles.

CONDUCTING THE DRILL - Keep it as real as possible

- *Conduct drills on different days of the week and at different times of day
- *Use the fire alarm system to initiate the fire drill
- *Remember to use a different initiating device each month
- *Don't announce the drills ahead of time
- *All occupants must participate (Exceptions for healthcare occupancies)
- *Utilize scenarios to gain staff participation
- *If any fire alarm equipment is found to be inoperable during the drill, it should be repaired immediately
- *After it is verified that a successful evacuation has taken place, the building may be occupied

SCHOOLS

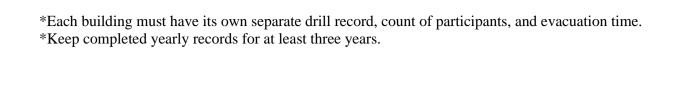
- -A fire drill must be held each month that school is in session. For schools with separate morning and afternoon sessions of kindergarten or preschool, monthly drills need to be conducted for each session.
- -After the alarm sounds, students should proceed in an organized manner to their area of safety using a designated evacuation route. Staff should account for the children upon reaching the safe area.
- -After the evacuation, faculty and staff should verify that all occupants have evacuated. Restrooms and other closed areas should be checked out by sight and voice.

HEALTHCARE

- -A fire drill must be held once per shift per quarter. A silent drill may be conducted between the hours of 9:00PM and 6:00AM, a coded announcement may be used instead of the audible alarm.
- -Once the fire emergency is discovered, the basic response of staff shall include the removal of all residents directly involved with the fire, provide notification to other building occupants, close all doors to try and confine the fire, and the relocation of residents to another protected area
- -After the evacuation, faculty and staff should verify that all occupants have evacuated. Restrooms and other closed areas should be checked out by sight and voice.

DOCUMENTING THE DRILL

*Completely fill out the form (Several different forms are provided below)



FIRE DRILL RECORD- GENERAL

Facility Name Year(s) of drills

Address Responsible Party Name and Title

City, State, Zip Facility/License #

Phone Fax

TIME FOR **RESPONSIBL** TIME OF **NUMBER OF DATE OF MONTH EVACUATIO E PARTY DRILL** DAY **OCCUPANTS NAME** N

January

Facility Name Year(s) of drills

Address Responsible Party Name and Title

City, State, Zip Facility/License #

Phone Fax

TIME FOR **RESPONSIBL NUMBER OF** DATE OF TIME OF **MONTH EVACUATIO E PARTY DRILL** DAY **OCCUPANTS** N **NAME**

January February March April May June July August Septembe October

Novembe Decembe

POST IN A CONSPICUOUS LOCATION
Facility Name
When ALL REQUIRED DRILLS have been conducted, maintain the original or a copy of the drill record IN YOUR FILES ONLY for a period not less than 5 years for future reference and verification by the Address Party Name and Title Office of the State Fire Marshal.

Facility/License # City, State, Zip

Phone Fax

TIME FOR RESPONSIBL **DATE OF** TIME OF **NUMBER OF MONTH EVACUATIO E PARTY DRILL** DAY **OCCUPANTS** N **NAME**

FIRE DRILL RECORD- SCHOOLS

Facility Name

Year(s) of drills

Address

Responsible Party Name and Title

City, State, Zip

Facility/License #

Phone

Fax

MONTH

DATE OF DRILL TIME OF DAY

TIME FOR EVACUATIO N

NUMBER OF OCCUPANTS

RESPONSIBL E PARTY NAME

January

February

March

April May

June

July

August Septembe

October

Novembe

Decembe

POST IN A CONSPICUOUS LOCATION

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SCHOOL DISTRICT

USD# (WHEN APPLICABLE)

BUILDING NAME

CITY

TELEPHONE

FIRE DRILLS

Month

Date of Drill

Time of Day Drill Conducted Evacuation Time

Number of Occupants (Students & staff & guests actually participating in the drill) Manual Pull Station or Smoke Detector or Automatic Sprinkler

Valve

Official's Signature/ Title

August

September

October

November

December

January

February

March

FIRE DRILL RECORD – HEALTHCARE

Facility Name Year(s) of drills

Address Responsible Party Name and Title

City, State, Zip Facility/License #

Phone Fax

MONTH

DATE OF TIME OF EVACUATIO

NUMBER OF E PARTY
NAME

RESPONSIBL

E PARTY
NAME

January February March April May

June July

August Septembe

October

Novembe

Decembe

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SCHOOL DISTRICT USD# BUILDING NAME CITY TELEPHONE (WHEN APPLICABLE)

FIRE DRILLS

Month Date of Drill Time of Day Evacuation Number of Manual Pull Official's **Occupants** DrillTime Station or Signature/ (Students & Conducted Smoke Title staff & guests

staff & guests
actually
participating
in the drill)

Smoke
Detector or
Automatic
Sprinkler
Valve

August

September

October

November

December

January

February

March

FIRE DRILL RECORD – HEALTHCARE cont.

Facility Name Year(s) of drills

Address Responsible Party Name and Title

City, State, Zip Facility/License #

Phone Fax

MONTH

DATE OF TIME OF EVACUATIO NUMBER OF E PARTY NAME

TIME FOR EVACUATIO OCCUPANTS

NAME

January
February
March
April
May
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October
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FIRE DRILLS

Month Date of Drill Time of Day Evacuation Number of Manual Pull Official'sOccupants Drill Time Station or Signature (Students & Smoke Conducted Title

staff & guests actually participating in the drill)

staff & guests Detector or Automatic Sprinkler

 $in\ the\ drill\)$ Sprin Valve

August

September

October
November

December